

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines

12FE4M5

National Association of Insurance and Financial Advisors Political Act-  
ion Comm

ADDRESS (number and street)

2901 Telestar Ct.

☐ (Check if address is changed)

Falls Church

VA

22042

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☒ (Check if address is changed)

GSCHREIBER@NAIFA.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)2. DATE 

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	0	9

3. FEC IDENTIFICATION NUMBER

C C00005249

4. IS THIS STATEMENT ☒ NEW (N) OR ☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer Peter C. BrownSignature of Treasurer Electronically Filed by Peter C. Brown

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	0	9

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 02/2009)